

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	Best Available Copy	
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	59	10-12-99
FORMALITY REVIEW	<i>[Signature]</i>	#07033	10-27-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	4/11/00
2	✓	✓	5/10/00
3	✓	✓	5/10/00
4	✓	✓	5/10/00
5	✓	✓	5/10/00
6	✓	✓	5/10/00
7	✓	✓	5/10/00
8	✓	✓	5/10/00
9	✓	✓	5/10/00
10	✓	✓	5/10/00
11	✓	✓	5/10/00
12	✓	✓	5/10/00
13	✓	✓	5/10/00
14	✓	✓	5/10/00
15	✓	✓	5/10/00
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25	✓	✓	5/10/00
26	✓	✓	5/10/00
27	✓	✓	5/10/00
28	✓	✓	5/10/00
29	✓	✓	5/10/00
30	✓	✓	5/10/00
31	✓	✓	5/10/00
32	✓	✓	5/10/00
33	✓	✓	5/10/00
34	✓	✓	5/10/00
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36	✓	✓	5/10/00
37	✓	✓	5/10/00
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48	✓	✓	5/10/00
49	✓	✓	5/10/00
50	✓	✓	5/10/00

Claim	Final	Original	Date
51	✓	✓	5/10/00
52	✓	✓	5/10/00
53	✓	✓	5/10/00
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78	✓	✓	5/10/00
79	✓	✓	5/10/00
80	✓	✓	5/10/00
81	✓	✓	5/10/00
82	✓	✓	5/10/00
83	✓	✓	5/10/00
84	✓	✓	5/10/00
85	✓	✓	5/10/00
86	✓	✓	5/10/00
87	✓	✓	5/10/00
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89	✓	✓	5/10/00
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96	✓	✓	5/10/00
97	✓	✓	5/10/00
98	✓	✓	5/10/00
99	✓	✓	5/10/00
100	✓	✓	5/10/00

Claim	Final	Original	Date
101			
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If more than 150 claims or 10 actions
staple additional sheet here

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